



Town of Sturbridge

Lorraine Murawski, CMMC/MMC
Town Clerk, Notary Public, Justice of the Peace

APPLICATION FOR BUSINESS CERTIFICATE

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Business Telephone Number: _____

Applicant's Name: _____

Federal Tax ID # /Social Security #: _____

Applicant's Address: _____

Applicant's Mailing Address: _____

Applicant's Telephone Number: _____

Property Owner Name and Address: _____

Property Owner Phone Number: (_____) _____

REQUIRED SIGNATURES

Finance Director: I certify that the taxes are current for this applicant.

Barbara Barry – Signature

Zoning Enforcement Officer: I verify that this is an allowed use for this location.

NOTE: Please refer to the Zoning Bylaws Chapters 5-14 to determine the applicable requested use (example, 7.01 (c) Retail Store).

Applicable Zoning Bylaw: Chapter _____ Section _____ Special Permit Required _____
(To Be Completed By The Applicant)

Please give a brief description of the proposed business and hours of operation:

If you are not the sole owner of the above business or if you represent a corporation, please attach the names of all owners, their addresses and their interest in the business (example, Partner, etc.)

APPLICANT: I certify that the information entered on this application for Business Certificate is true. An incomplete application may be denied. Signed under the penalties of perjury.

Date

Applicant's Signature